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CONFIRMATION NO. 6394

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| SERIAL NUMBER 10/712,795 | FILING OR 371(c) DATE 11/13/2003 RULE | CLASS 536 | GROUP ART UNIT 1633 | ATTORNEY DOCKET NO. DOC-0216US |
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/426,234 11/13/2002

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 03/05/2004

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|-----------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|---------------------|-------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY CA | SHEETS DRAWING 0 | TOTAL CLAIMS 108 | INDEPENDENT CLAIMS 4 |
| 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged Examiner's Signature _____ Initials _____ | | | | |

ADDRESS

72984

TITLE

ANTISENSE MODULATION OF APOLIPOPROTEIN B EXPRESSION

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| FILING FEE RECEIVED 5336 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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